

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09782324
APPLICANT(S)

FILING DATE

2/12/01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5	1					
6	1					
7						
8	1					
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10	1					
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12	1					
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49						
50						
TOTAL IND.	3		1			
TOTAL DEP.	24	1	4	1	1	1
TOTAL CLAIMS	27		5			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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100						
TOTAL IND.	1		1		1	
TOTAL DEP.	1		1		1	
TOTAL CLAIMS	3		5		5	